SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE	24 LINE 24	OF	53
FOR	LINE 24	OF FO	ORM 3X

		FO	R LINE 24 OF FORM 3X	
NAME OF COMMITTEE (In Full)	FEC IDEN	FEC IDENTIFICATION NUMBER ▼		
National Nurses United for Patient Protection		C coo	490375	
Check if 24-hour report 48-hour report New report	rt Amends report		D / Y = Y = Y = Y	
Full Name of Payee	Memo Iter	Date of Public Dis	stribution/Dissemination	
Alliance Graphics		10	12 2015	
Mailing Address 1101 8th Street		Amount		
City State 2	Zip Code		2387.66	
Berkeley CA	94710	Transaction ID : D Date of Disburser	682327 nent or Obligation	
Purpose of Expenditure Printing	Category/ Type	10 /	12 / 2015	
Name of Federal Candidate	X Support	Office Sought:	louse District: 00	
Bernie Sanders	Oppose		Senate State: DC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: X 016 Other (specify	Primary General	
Full Name of Payee	☐ Memo Item		stribution/Dissemination	
Alliance Graphics			12 2015	
Mailing Address 1101 8th Street		Amount		
City State	Zip Code		6368.47	
	94710	Transaction ID : D Date of Disburser	682328 ment or Obligation	
Purpose of Expenditure Printing	Category/ Type	10 /	12 / 2015	
Name of Federal Candidate	X Support	Office Sought:	House District:00	
Bernie Sanders	Oppose		Senate State: DC	
Calendar Year-To-Date Per Election for Office Sought	645099.79	Disbursement For: X 2016 Other (specif		
(a) SUBTOTAL of Itemized Independent Expenditures			8756.13	
		7	7	
(b) SUBTOTAL of Unitemized Independent Expenditures		·	7	
(c) TOTAL Independent Expenditures			7 1 2	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.				
Martha Kuhl [Electronic	cally Filed] Date	M M / D D /	2016	
Signature	Date			